

# Observational practice audit to improve labelling of dispensed medications

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## Background

Medication labels are the only guaranteed communication between healthcare providers and consumers. Medication labels set out in an easy to understand, standardised format can improve health outcomes and directly impact the way a medication is or is not taken. Differences in medication labels can be due to a variety of factors but one of the most critical factors is a dispensary technicians understanding as they are often the one dispensing the medication.

## Aim / Objective

To compare dispensed medication labels from a hospital setting with the National Standard for Labelling of Dispensed Medications released in July 2021.



## Method

An observational practice audit was undertaken over a single workday comparing 526 medication labels in a hospital dispensary against the 12 standards and 9 supporting strategies in the National Standard for Labelling of Dispensed Medications. Data was collected using a Microsoft Excel data collection tool. Medications were not assessed against standard 2 and supporting strategy 4, 5, 6 and 8 and the oncology dispensary was excluded. If a medication label followed all standards and supporting strategies it was considered compliant with the national standard. >90% of medication labels needed to be compliant overall.

## Discussion

No medication labels were compliant with the National Standard for Labelling of Dispensed Medications. Compliance with the national standards is integral to improving consumer understanding of medication labels but is difficult to enforce due to the discretionary nature of standards. Despite this, adherence to the national standards can be achieved through pharmacist collaboration with software providers, prescribers and dispense technicians.

This study highlights the need to educate all staff on the requirements to meet the national standards, formulate a training tool to ensure all staff that dispense are trained appropriately and ensure all required dose information is charted. The key area for prescriber improvement was identified as charting of the indication (Standard 8) and the key area for pharmacy improvement was identified as linking the dose and time of dose (Standard 7). Improvement in these areas will enhance the team's performance in other areas e.g. discharge times.

Future studies should investigate the influence standardised medication labels have on hospital readmission rates and consumer satisfaction.

## Results

It was found that 0% of medication labels were compliant with the national standard. 75.66% of medication charting contained enough information for a consumer to take their medication safely and effectively, whereas 0% of medication labels did. >90% of labels were compliant with standards 5, 10 and 12. There was not sufficient data to assess the labels against standard 11 and supporting strategy 2.

Figure 1

The percentage of required information included on the medication label for a consumer to take their medication safely and effectively

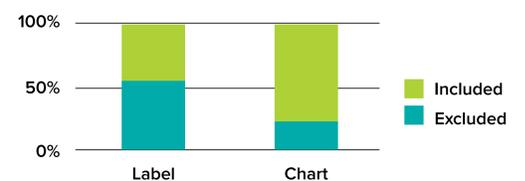


Figure 2

The percentage that included the indication for the medication

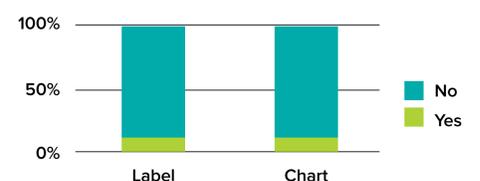


Figure 3

Compliance with Standard 7 of the National standard for labelling of dispensed medications (once daily dose)

Legend:  
■ Dose and time of dose linked on chart and label  
■ Dose and time of dose not linked on chart and label  
■ Dose and time of dose linked on label but not on chart  
■ Dose and time of dose linked on chart but not on label

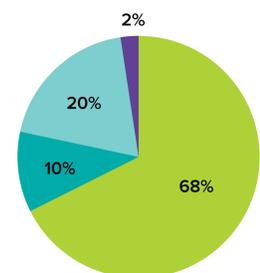


Figure 4

Compliance with Standard 7 of the National standard for labelling of dispensed medications (multiple daily doses)

Legend:  
■ Dose and time of dose linked on chart and label  
■ Dose and time of dose not linked on chart and label  
■ Dose and time of dose linked on chart but not on label

